



**ATLANTIC COUNTY DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH UNIT
201 SOUTH SHORE ROAD
NORTHFIELD, NJ 08225
Phone: (609) 645-5972 Fax: (609) 645-5923**

**TEMPORARY AND SPECIAL EVENT RETAIL FOOD
VENDOR APPLICATION**

Please fill out completely and send to the above address 30 days prior to the event.

VENDOR TRADING AS _____

OPERATOR'S NAME _____ **PHONE #** _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

NAME & LOCATION OF EVENT _____

DATES & HOURS OF OPERATION _____

BASE OF OPERATIONS (for advanced food preparation):

Name of Establishment _____

Address _____ State _____ Zip _____

County/municipality that inspects this facility _____

(If outside of Atlantic County, please provide a copy of most recent inspection report.)

Menu Item	MENU	Ingredients

WHERE WILL FOOD FOR THE EVENT BE PURCHASED? _____

WHERE WILL ICE BE PURCHASED? (Note- Ice scoops must be provided.) _____

HOW WILL FOOD BE TRANSPORTED TO THE EVENT? (check all that apply)

Refrigerated truck _____

Insulated containers (hot) _____ describe _____

Insulated containers (cold) _____ describe _____

Insulated bags _____ Other _____ describe _____

For Office Use Only

Date Received: _____ Approved By: _____

Comments: _____



ATLANTIC COUNTY DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH UNIT

201 SOUTH SHORE ROAD
NORTHFIELD, NJ 08225

Phone: (609) 645-5972 Fax: (609) 645-5923

APPROX. DISTANCE FOOD WILL BE TRANSPORTED? (miles or hours) _____

COOKING/REHEATING METHODS? (check all that apply)

Grill _____ Stove _____ Microwave _____ Electric Hot Plate _____
Other _____ (describe) _____

WHAT METHODS WILL BE UTILIZED TO MAINTAIN FOOD PRODUCTS BELOW 45°F?
(check all that apply)

Coolers with ice _____ How many? _____
Refrigerators _____ How many? _____
Freezers _____ How Many? _____
Other _____ (describe) _____

WHAT METHODS WILL BE UTILIZED TO MAINTAIN COOKED FOOD PRODUCTS ABOVE
140°F? (please check all that apply.)

Steam tables _____ How Many? _____
Hot hold cabinets _____ How many? _____
Chaffing dishes _____ How many? _____
Crock pots _____ How many? _____
Other _____ (describe) _____

WHAT TYPE OF OVERHEAD PROTECTION WILL BE USED?

Tent _____ Umbrella _____ Enclosed structure _____
Other _____ (describe) _____

WHAT METHODS OF PROTECTING FOOD AND INGREDIENTS FROM CONTAMINATION
DURING THE EVENT WILL BE UTILIZED? (check all that apply)

Plastic wrap _____ Containers with lids _____ Foil wrap _____ Disposable gloves _____
Other _____ (describe) _____

HOW WILL POTABLE (DRINKING QUALITY) WATER BE SUPPLIED TO THE BOOTH FOR
UTENSIL WASHING, HANDWASHING AND OTHER USES? _____

WHAT TYPE OF HANDWASHING FACILITIES WILL BE AVAILABLE FOR FOOD
HANDLERS?

(Note – Establishments preparing hazardous types of food will be required to have soap and water available.)

Commercially packaged handwash tissues _____
Container of water, soap, paper towels and waste water container _____
Disposable gloves & waterless hand sanitizer _____
Waterless hand sanitizer _____
Other _____ (describe) _____

(Please continue on next page.)

For Office Use Only

Date Received: _____ Approved By: _____

Comments: _____



ATLANTIC COUNTY DIVISION OF PUBLIC HEALTH
 ENVIRONMENTAL HEALTH UNIT
 201 SOUTH SHORE ROAD
 NORTHFIELD, NJ 08225
 Phone: (609) 645-5972 Fax: (609) 645-5923

WHAT CLEANING ITEMS WILL BE AVAILABLE? (check all that apply)

(Note – Establishments preparing hazardous types of food will be required, at a minimum, to have items marked with “**”.)

- *Spray bottle with sanitizer (i.e. bleach) & water _____
- Basins for washing & sanitizing cooking utensils _____
- Trash cans and trash bags _____
- *Buckets of bleach and water solution _____
- Cleaning cloths _____
- Other _____ (describe) _____

IN THE SPACE BELOW, PLEASE PROVIDE A DIAGRAM OF THE BOOTH, SHOWING EQUIPMENT LOCATION AND MATERIALS USED FOR WALLS, OVERHEAD PROTECTION, COUNTERS, ETC.

For Office Use Only

Date Received: _____ Approved By: _____

Comments: _____
